



03/17/06 FRI 08:56 FAX 847 391 2387

UOP PATENT DPT.

002

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23490 7590 01/17/2006

JOHN G TOLOMEI, PATENT DEPARTMENT  
UOP LLC  
25 EAST ALGONQUIN ROAD  
P O BOX 5017  
DES PLAINES, IL 60017-5017

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Rose A. Lubich

(Depositor's name)

*R. Lubich*

(Signature)

March 17, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/045,395	11/07/2001	Lorenz J. Bauer	105223	5758

TITLE OF INVENTION: MIDDLE DISTILLATE SELECTIVE HYDROCRACKING PROCESS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/17/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
GRIFFIN, WALTER DEAN	1764	208-111010

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 JOHN G. TOLOMEI

2 JAMES C. PASCHALL

3 MICHAEL A. MOORE

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

UOP LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DES PLAINES, ILLINOIS

03/17/2006 HDENESS2 00000010 10045395

01 FC:1501

1400.00 OP

02 FC:1504

300.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Michael A. Moore*

Date March 17, 2006

Typed or printed name

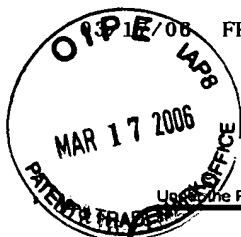
Michael A. Moore

Registration No. 41,203

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

BEST AVAILABLE COPY



FRI 08:57 FAX 847 391 2387

UOP PATENT DPT.

003

PTO/SB/17 (01-08)

Approved for use through 07/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1700**Complete if Known**

Application Number	10/045,395
Filing Date	November 11, 2001
First Named Inventor	Lorenz J. Bauer
Examiner Name	Walter Dean Griffin
Art Unit	1764
Attorney Docket No.	105223

**METHOD OF PAYMENT** (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other (e.g., late filing surcharge): 1501 Utility Issue Fee (\$1400) 1504 Publication Fee (\$300)	1700

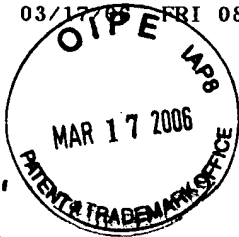
**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 41,203	Telephone 847 391-2948
Name (Print/Type)	Michael A. Moore	Date	3/17/06

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY



UOP LLC  
25 E. Algonquin Road  
P.O. Box 5017  
Des Plaines, IL 60017-5017  
Phone: 847-391-2040  
Fax: 847-391-2387

# facsimile transmittal

<b>To:</b>	<b>CUSTOMER SERVICE CENTER</b>	<b>Fax:</b>	<b>571-273-2885</b>
<b>Dept:</b>	<b>OFFICE OF PATENT PUBLICATIONS</b>	<b>Phone:</b>	<b>703-305-8283</b>
<b>From:</b>	<b>ROSE LUBICH, Patent Dept.</b>	<b>Date:</b>	<b>3/17/06</b>
<b>Phone:</b>	<b>847-391-2040</b>	<b>Fax:</b>	<b>847-391-2387</b>
<b>Serial Number:</b>	<b>10/045,395</b>	<b>Examiner:</b>	<b>Walter Dean Griffin</b>
<b>Allowance Date:</b>	<b>1/17/06</b>	<b>Art Unit:</b>	<b>1764</b>
<b>Issue Fee Date:</b>	<b>4/17/06</b>	<b>Confirm.No.:</b>	<b>5758</b>
<b>Attachments:</b>	<b>1. PART B - ISSUE FEE TRANSMITTAL;</b>	<b>Pages:</b>	<b>4 including this page.</b>
	<b>2. FEE TRANSMITTAL FOR FY 2005;</b>		
	<b>3. CREDIT CARD FORM PTO-2038.</b>		

## PLEASE PROCESS THIS ISSUE FEE PAYMENT

### NOTICE OF CONFIDENTIALITY

The information contained in and transmitted with this facsimile is

1. Confidential
  2. Subject to the attorney-client privilege; and/or
  3. Attorney work product
- and is protected from disclosure by law.

This facsimile and the information contained therein are only for the use of the individual or entity designated above. If the reader of this message is not the individual or entity designated above, or an authorized agent thereof, you are hereby notified that you have received this facsimile in error; any dissemination, distribution, copying, use of, reliance upon, or other disclosure of this facsimile or the information contained therein by or to anyone other than the individual or entity designated above by the sender is unauthorized and strictly prohibited. If you have received this facsimile in error, please immediately notify the UOP Patent Department by telephone at (847)391-2019 and return all of the facsimile to the sender by mail. You may call collect and postage will be reimbursed upon request. Thank you for your cooperation.

BEST AVAILABLE COPY